

IMPORTANT NOTICE !!!!!!!

THE BOARD OF CERTIFIED COURT REPORTER EXAMINERS IS NOW REQUIRING A STATE CRIMINAL BACKGROUND CHECK ON ALL APPLICANTS TAKING THE CERTIFICATION EXAMINATION. APPLICANTS ARE NOW REQUIRED TO COMPLETE FORM ASP-122 WHICH IS ATTACHED TO THIS APPLICATION.

APPLICANT'S CRIMINAL BACKGROUND CHECK IS VALID FOR ONE YEAR FROM DATE OF FIRST CERTIFICATION EXAMINATION.

STATE OF ARKANSAS APPLICANT:

FORM ASP-122, IS THE FORM REQUIRED BY THE ARKANSAS STATE POLICE FOR ALL CRIMINAL BACKGROUND CHECKS. THIS FORM MUST BE SUBMITTED WITH TEST APPLICATION ALONG WITH A \$25 CHECK MADE PAYABLE TO: LES STEEN, SUPREME COURT CLERK. THIS \$25 FEE IS IN ADDITION TO THE APPLICATION FEE.

THIS FORM MUST BE PROPERLY COMPLETED TO AVOID ANY DELAY IN THE STATE POLICE PROCESSING THE APPLICANT'S INFORMATION. AN APPLICATION WILL NOT BE APPROVED UNTIL THE CRIMINAL BACKGROUND INFORMATION HAS BEEN RECEIVED.

NONRESIDENT APPLICANT:

IF APPLICANT IS NOT A RESIDENT OF THE STATE OF ARKANSAS, APPLICANT IS RESPONSIBLE FOR CONTACTING HIS/HER STATE POLICE FOR THE PROPER FORMS TO COMPLETE TO PROCESS HIS/HER CRIMINAL BACKGROUND CHECK. APPLICANT SHOULD INSTRUCT HIS/HER STATE POLICE TO MAIL THE RESULTS OF HIS/HER CRIMINAL BACKGROUND REPORT TO: LES STEEN, SUPREME COURT CLERK, 625 MARSHALL STREET, LITTLE ROCK, ARKANSAS 72201.



ARKANSAS STATE POLICE

ASP-122
(Rev. 09/07)

Identification Bureau Individual Record Check Form

Full Name: _____
First Middle Last Name Maiden/Other

Date of Birth: _____ State of Birth: _____ Race: _____ Sex: _____
(Month/Day/Year)

Social Security #: _____ Driver's License #: _____
State

Mailing Address: _____
Street City State ZIP

Daytime Phone #: (____) _____

I GIVE MY CONSENT FOR THE ARKANSAS STATE POLICE TO CONDUCT A CRIMINAL
RECORD SEARCH ON MYSELF AND RELEASE ANY RESULTS TO THE FOLLOWING
PERSON OR ENTITY:

Name: _____
(First/MI/Last Name) or Full Name of Agency

Mailing Address: _____
Street City State ZIP

Signature: _____ Date: _____
(First/MI/Last Name) (Month/Day/Year)

(NO REQUEST WILL BE PROCESSED WITHOUT A NOTARIZED SIGNATURE)

STATE OF _____

§

COUNTY OF _____

Subscribed and sworn before me, a Notary Public, in and for the county and state
aforesaid, this the _____ day of _____, 20 _____.

Notary Public

☐ 82004 State Record Check

☐ 82005 State Record Check

**APPLICANT'S APPLICATION WILL NOT BE APPROVED UNTIL
HIS/HER CRIMINAL BACKGROUND INFORMATION HAS BEEN RECEIVED.**

**MAIL THIS APPLICATION TO LESLIE STEEN, SUPREME COURT CLERK, ATTENTION:
RENEE HERNDON, 625 MARSHALL STREET, LITTLE ROCK, ARKANSAS 72201.**

**STATE OF ARKANSAS
BOARD OF CERTIFIED COURT REPORTER EXAMINERS**

**APPLICATION FOR EXAMINATION
FOR CERTIFICATE AS CERTIFIED COURT REPORTER**

Name of Applicant

**(ATTACH TO THIS SPACE A RECENT PHOTO
OF YOURSELF)**

**(ALSO ATTACH TO THIS APPLICATION A COPY
OF YOUR DRIVER'S LICENSE)**

This photograph was taken _____
(Date)

I, _____, a resident of the

County of _____, State of _____, Zip Code _____,

hereby apply for permission to take the next regular examination for Certified Court Reporter, under
Section 4 (amended by Supreme Court Per Curiam order dated January 1, 2000) and Section 6 (amended
by Supreme Court Per Curiam order dated July 1, 1991) of the Regulations of the Board of Certified Court
Reporter Examiners. I am enclosing my remittance of \$75 (in-state) or \$150 (out-of-state) payable to
Leslie Steen, Clerk, Arkansas Supreme Court.

THE FOLLOWING QUESTIONS SHALL BE ANSWERED IN DETAIL. IF ADDITIONAL SPACE IS NEEDED TO ANSWER QUESTION, ATTACH SEPARATE SHEET INDICATING APPROPRIATE QUESTION AND ANSWER.

1. Name: _____ Sex _____
2. Residence Address:
Street Address: _____
City: _____ State: _____
3. Telephone Numbers: Residence _____ Work _____

E-mail address: _____
4. Date of Birth _____ Place of Birth _____

(If foreign born and naturalized, give place and date of naturalization or explain present status as to citizenship.)
5. Marital Status (Indicate by check mark):

Married _____ Divorced _____ Widowed _____ Single _____
6. My immediate family consists of:
7. Education:
8. Employment Record:

9. Condition of Health:

10. The following two individuals have knowledge of my character, integrity, general reputation, and my record for meeting my financial obligations; and I consent that inquiry may be made of them with full disclosure by them concerning these matters. **(Give full names, addresses, and telephone numbers.)**

11. I am certified in the state(s) of _____. Attached is documentation of my good standing in each state.

12. My system of verbatim reporting is _____.

13. I am a voice writer and I will be using digital equipment. The name of my digital software is _____.

14. I am a machine writer and I will be using CAT (computer aided transcription) software. The name of the software is _____.

Signature of Applicant

STATE OF _____

COUNTY OF _____

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20____.

Notary Public

My commission expires: _____

(SEAL)

READ THIS DOCUMENT CAREFULLY

USE OF ELECTRONIC EQUIPMENT STATEMENT AND AGREEMENT

I UNDERSTAND AND AGREE THAT:

If I use any type of electronic equipment during the examination, including, but not limited to, a laptop computer, digital recorder, stenomachine with computer aided transcription software, et cetera, I **must complete, sign and file this Electronic Equipment Statement and Agreement with the Board of Certified Court Reporter Examiners, Supreme Court Clerk's Office, 625 Marshall Street, Little Rock, AR 72201, with the attached application for examination.**

Failure to file this document will result in me recording and transcribing the dictation sections of the exam without the use of electronic equipment.

[Voice Writers] I understand that if I use a digital recorder, I am required to save my voice in one of four formats: DSS, WAV, WMA or MP3 to a CD. Failure to produce a CD of my voice in one of these four formats will result in me being disqualified. **I understand that I am not allowed to use voice-recognition (real-time) software or equipment during the examination.**

[Machine Writers] I understand that I may use CAT software. **I understand that I am not allowed to use real-time during the examination.** I understand that if I am using a paperless steno machine, I must have a steno machine that allows me to save steno notes to diskette or CF card. I understand that I will be required to print my steno notes and turn them in with my transcript.

I understand that, prior to taking the examination, I must delete note/memory file from my steno machine. If my steno machine does not use a disk, e.g., a RAM memory, I must eliminate all jobs that may be in my steno machine's memory. I understand that I am to provide the equipment necessary to delete the flashcard/SD card. Failure to delete the flashcard/SD card will result in me forfeiting the flashcard/SD card.

I am responsible for furnishing all equipment and supplies necessary for taking this examination, including, but not limited to, all electronic equipment, (including printer), paper, necessary cables, extension cords, pencils, pens, dictionary, et cetera.

The Board will furnish diskettes and/or CDS. I will not bring CDS or diskettes to the examination.

I will have three hours to complete the transcription for all sections of the dictation exam.

I will proof my transcript on my computer before printing and no other corrections can be made by me after printing the transcript.

